

# General Surgery Patient Info and Pre-Procedure Checklist

**Pre-op date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Rank/Service** \_\_\_\_\_

**STATUS:**    **ACTIVE DUTY**    **RETIRED**    **RESERVES**    **FAMILY MEMBER**

**Surgery Date:** \_\_\_\_\_

**Surgical Procedure:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**EKG:** \_\_\_\_\_ **Interpreted by:** \_\_\_\_\_

**LABS:**    **CBC**    **CHEM 7**    **HCG**    **PT/PTT**    **T&S**

**RES FORM:**    **Given:** \_\_\_\_\_    **Returned:** \_\_\_\_\_

**Anesthesia Eval:** \_\_\_\_\_

**Follow-up Appointment:** \_\_\_\_\_

**Essentris:**    **Orders**    **H&P**    **Admission**    **Adv Directive**

**Anesthesia Pre-op**    **Med-Recon**    **S-3**

